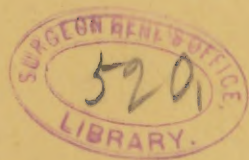


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GYNÆCOLOGY IN BAGDAD.

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The honor of your request to give "a description of obstetrical practices and customs in regard to the reproductive system of Bagdad women" I appreciate; but the difficulty of obtaining correct information on any subject relating to the fair sex is well-nigh insurmountable, owing to the strict privacy of home life among all classes, whether Mohammedans, Jews or Christians, and the distrust as to motive, if one asks impertinent questions.

That the reproductive function is very active in this region of the world is evident from the rapid increase of population under exceedingly adverse conditions.

In 1830 Bagdad had about 150,000 inhabitants; but of these more than two thirds were swept away the following year, in less than two months, by plague, flood and famine, leaving but 40,000 sorrowing souls in weak and emaciated bodies to begin repopulation. By 1849 these had increased to 70,000, when another inundation caused a fatal fever, to which 12,000 fell victims in three months. Since then cholera, plague, flood and famine have chased each other, and the population has repeatedly been decimated; yet, with no immigration, to speak of, and a considerable emigration, it has grown to at least 200,000. Of these only 5,000 are Christians—mostly of Eastern rites: Chaldeans, Syrians and Armenians, with a handful of 300 Latins, 50,000 Jews, and the others Mohammedans. The Jewish population was, after the great plague of 1831, estimated at 10,000; and it has since preserved, numerically, the same relation to the whole, to wit: one fourth.

Mortuary returns are very defective. Thus during the fiscal year ended February 28, 1893, only 385 deaths were reported, which would give a mortality of 1.9 per 1,000!!! Since then the methods of getting reports have been improved with the result of bringing the total number of deaths for the year ended February 28, 1894, up to 2,042



or raising the death-rate to 10.21 per 1,000. But this is hardly one third of the true number. Although the mortality among children is known to be great, yet their deaths are seldom reported. There were 705 deaths recorded last year as being caused by cholera; but even the health inspector admits that these probably represent not more than one half the actual number, as surreptitious burials in the cellars of dwelling houses were known to be extremely common.

The mortality of Bagdad during normal years can not be less than 30 per 1,000, for one can not leave the city in any direction without walking through extensive and densely crowded cemeteries. But every two or three years there is an epidemic of some kind; add to this frequent devastations of famine and flood, and yet the population doubles every twenty-five years. *What then must the birth-rate be?*

It does not appear to me that women mature earlier here than in the United States. The Sisters at the French convent, where some six or seven hundred girl pupils receive instruction, inform me that the catamenia usually appear at the age of eleven or twelve, and my own observation is that girls between ten and fifteen are as much children in appearance as those of similar ages in Europe or America. Yet among the Mohammedans and Jews girls of nine or ten years marry and cohabit with their husbands, and even among the Christians as early as eleven and twelve. To be a great-grandmother at thirty-six is a privilege enjoyed by Bagdad ladies.

It is fair to state that the Roman Catholic missionaries here have for years done all in their power to discourage child marriage under the age of fourteen, and as a result spinsters of sixteen and even eighteen are no longer a rarity.

Last year I assisted Dr. Sutton, a medical missionary, in an operation on a married child, aged eleven, for recto-vaginal fistula. She was of small stature for her age, her manners and expression of countenance were those of a child, her mammae were wholly undeveloped, and there was an absence of even a suspicion of hair on the pubes. But the recto-vaginal sæptum had been almost wholly torn away in coitus. She was a Mohammedan and her sister, aged six, was already betrothed.

Young girls as well as boys are made use of for sodomitic practice, which is here common and practiced openly—I mean, with but slight attempt at concealment.

Among the desert Arabs as well as among the Telkefians (Christians from the village of Telkef who form the servant and laboring

classes here) accouchement is easy. An Arab woman at full term of pregnancy will carry a large dish of milk to the city, and perhaps give birth to a child on the way. After having disposed of her milk, she will put the infant in the empty dish and with it on her head start on her home journey, to bring another load of milk *in the same dish*, the next day. A Telkef woman will, after having given birth to a child, carry it down to the river to wash it, and then bring home with her a two-gallon jug of water for domestic use—the child in her apron, the water jug on her shoulder.

As regards the more refined city women, those who recline day out and in on luxurious cushions in the sanctuary of harems (Christian and Jewish women live almost as secluded as their Mohammedan sisters), I have every reason to believe that their accouchements are not less slow and tedious, nor less painful, but, for obvious reasons, much more fatal than among European or American women.

In order to learn something of the management of labor, I sent for a famous midwife who enjoys the euphonious name of

جَدَّة لُوسِيَا حَنَاوِي

Jaddat Lousiá Hanawí.

Lousiá, as she is commonly called, is a Christian (I am told that nearly all the midwives are Christians, and that they also attend Jewish and Mohammedan ladies), apparently about forty years of age, bright and intelligent, and she says she has been a midwife twenty-five years.

I found her anxious enough to tell me all she had learned from European doctors, but it was with difficulty she could be induced to teach me native midwifery.

However, here is what, by asking frequent questions, I managed to get out of one lecture :

A preliminary visit to prepare the parturient woman is seldom made, the midwife being called, when the pains have set in.

She first makes an examination, *with unwashed hands*, to find out, if the head is "straight in the middle"; if not she changes it by external manipulations, and then examines no more. She said that few midwives examine at all, as they do not understand about the position of the head. This shows them to be more honest, for Lousiá is herself quite innocent of any knowledge on the subject, except what her instruction given below indicates; and I do not hesitate the opinion that

her examinations and manipulations to "straighten the head" are a sham. I have no doubt but that the head always needs "straightening." The parturient woman usually kneels on the floor supporting her arms on a chair, while the midwife kneels behind her pressing with both hands on her abdomen. Sometimes the midwife sits down on the floor, and the patient lies in her lap.

I asked about the different head presentations, and learned that there were two—*one for boys, the other for girls*, the former being born with the occiput toward the pubic bone (occipito-anterior position), the latter in occipito-posterior position. The reason of this is that it would be a shame for a boy to look on his mother's pudendum, so, if he be a good and modest boy, he will come down with the back of his head foremost, hiding his face, as long as he can, behind the perinæum. Girls on the contrary advance boldly, face to the front. I asked if this rule was always observed, and she admitted that "some boys had no shame in them," while there were a few girls who were unnecessarily modest.

In six per cent. of labors she said the breech presented and in the same proportion a foot. In these cases the children were all still-born. Why this was so she did not know. In one per mille of cases a shoulder or an arm presented. Then all the midwives in the city would generally be sent for. These cases are treated as follows: After amputating the presenting arm the patient is placed in a hammock with the feet elevated, the head end of the hammock being quickly lowered until her walking position has become reversed. This is done in order to give the child a chance to turn around. Efforts, however, are vain, as both mother and child invariably die.

When the placenta is retained, the midwife stuffs her long braids of hair down the patient's throat in order to provoke retching. Downward pressure is at the same time made on the abdomen together with traction on the cord.

Duration of labor is from one hour to twelve days.

When doctors are called in and forceps used, mother and child always die.

Puerperal convulsions are also generally fatal, doctors being called.

To control hæmorrhage give lemonade.

After delivery the woman must not wash for fifteen days; then she takes a Turkish bath. This is the orthodox practice. Lousiá, however, told me that she procures certain herbs and makes a decoction with which the genitalia may be washed with safety. What a

blessing that a few herbs can cure such ingrown hydrophobia! But even Lousiá who prides herself on having discarded old superstitious practices, considers cleanliness in the lying-in chamber out of place and any old and dirty rags are good enough to pack around the woman to catch the discharges.

The child is put to the breast on the second or fourth day ; meanwhile it is fed on sugar and butter.

Fever frequently follows confinement, and is caused by the milk. It is never fatal, if the midwife knows her business. Lousiá never loses a case by fever—so she said ; but I know she lied ; for puerperal fever is common and fatal.

No, I take it all back ; perhaps she did not lie. As she has the aristocratic practice of Bagdad, it is probable that in all her puerperal fever cases (she knows them only as milk fever) a dozen physicians are called in (not together) before the fatal end, and the last one there gets the blame.

Lousiá said the perinæum was often torn in labor, and that if the woman was strong enough, she sewed it up at once. The cervix uteri she said was never torn. I have only examined one woman here who had borne children, and in her both cervix and perinæum were badly torn. This, however, in no way interfered with the reproductive function, for in April, 1893, she aborted, and now she has a baby several months old and is again pregnant.

Many women, Lousiá said, conceive forty days after delivery. Certainly large families are the rule, and the dwelling houses, especially in the Jewish quarter, are literally swarming with children.

Ophthalmia neonatorum is common. The popular remedy in all eye affections is powdered sugar. Cleanliness is objected to, and the flies are given full freedom with children's eyes.

I have twice seen puerperal women in consultation ; both died within half an hour of my visit—a fatality fatal to my reputation. The first I saw with Dr. Baker, the British Residency Surgeon and a very able man. The case was one of general anasarca, albuminuria and heart disease. The second case, one of puerperal fever, I saw with Rev. Father Damien, a saintly monk of the Carmelite order and a skillful physician, who has labored here without reward (pecuniary) or thanks for twenty-seven years. As we entered, an interloping physician walked out. We found the woman unconscious, pulseless, hands and feet cold, temperature 106° in axilla, and, in short, dying. The house and courtyard were thronged with visitors, each offering a remedy. The interloper, a European physi-

cian of local fame, and who always rides an ass, had left a prescription for dilute nitric acid to be given alternately with bicarbonate of soda!

I must not omit to relate that on the day after I had sat at the feet of Lousiá and imbibed obstetrical lore, all Bagdad was greatly excited about the fate of American women. The current report, discussed in harems and cafés, in the bazaars and in churches, was that American women were all dying in confinement, and that the doctors had requested the Government to get me to find out, if possible, the secret of the phenomenal success of Bagdad midwives.

There are many curious beliefs and sayings related to pregnancy, reproduction, and kindred subjects, which I will endeavor to collect and present in another letter. Now, while being suspected of wanting to purloin wisdom, I dare not open my mouth to ask questions.

I have seen two cases of abdominal tumor, but in neither was it possible to operate.

CASE I was a young unmarried woman said to be twenty-five years old. The tumor was hard, lobulated, and would, if removed, have weighed, perhaps, twenty pounds. Patient was thin, emaciated, anæmic, and the urine was loaded with albumin. She was poor and her surroundings extremely filthy.

CASE II.—Married woman, apparently between forty and fifty years of age, had no home but the desert (a dweller in tents). Large cystic tumor. I tapped and removed two gallons of a dark greenish-gray, grumous fluid. She returned in a month when I removed about a gallon of thick and very offensive pus. I have not seen her since. At her second visit her appearance had changed materially for the worse; yet she had come on foot some three or four miles to be made lighter.

Had I had a suitable place to keep them I should have given both of these their only chance (laparotomy). Case II might, I think, have got well. Open life in the desert had given her considerable vitality. Case I belonged to a degenerate town-Arab family, and they are poor stock.

I do not know the average age of the ménopause, but have known two women who menstruated regularly after the age of fifty. One was fifty-two and the mother of a very large family; the other fifty-six but had remained a spinster up to a few months previous, when, being rich, she had bought a husband.

June 19th.—I have just been to see a sick Telkefian woman, and a description of the sick chamber and surroundings may be of some

interest. On entering the courtyard which was very small and surrounded by solid walls, I found gathered about eight or nine women and fully a dozen men, besides children. Passing thence through a low and narrow opening I found myself in a dimly lighted room about six by six feet, the ceiling being also about the same height. The floor, which was the bare ground, or rather a stratum of compressed filth over the natural soil, was quite wet, and on it was spread a quilt, the original color of which could not be even guessed at; nay, the texture was concealed under a thick coating of grease and dirt. On this lay what appeared to be a bundle of rags around one end of which a million flies were swarming. A brutish-looking man clad in what had once been a flannel shirt, and nothing else, stirred up the rags at the end, where the flies were holding carnival, and out popped a woman's head. In another corner on a heap of indescribably filthy rags lay a naked female child about a year old, that looked as if she had never been washed—as if a year's dirt had accumulated and fastened itself on the thick, sticky, cheesy substance with which some children are covered at birth. The woman suffered from menorrhagia, and had been flowing twenty days. The rag heaps were saturated with the dirt of ages and the blood the woman had lost during the twenty days. Temperature in the shade is 106°.

The picture is finished. I have been a missionary since I came here, and have preached the Gospel of Soap and Water, but it is of no avail. A despotic sanitary dictator is needed. Otherwise it will be ages before ordinary ideas of cleanliness are thought of.

Graves are robbed to get the clothing in which corpses are buried, no matter of what disease they may have died.

